**PATENT** 

Atty. Docket No.: 2852 PRO (203-3408)

OTHER THAN

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicant(s): Scott Cunningham Examiner: Gary Jackson

Serial No.: 10/621,759 Group Art Unit 3763

Filed: July 17, 2003 Dated: September 8, 2005

For: SURGICAL NEEDLE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

### **AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) (Col. 3)		SMALL ENTITY					SMALL ENTITY		
			HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	OR		RATE	ADDIT. FEE	
TOTAL	12	MINUS	20	=	X	9	\$		Х	18	\$0	
INDEP.	3	MINUS	3	=	Х	43	\$		Х	86	\$0	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						140	\$		X 2	280	\$0	
					T	OTAL		OR	TC	OTAL	\$0	

ADDIT. FEE \$ -0-

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first ass mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 223131450 on date below.

Dated: September 8, 2005

<sup>\*</sup> If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

<sup>\*\*</sup> If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE is less an 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge Deposit Account No. <u>21-0550</u> in the amount of \$\_\_\_. Two (2) copies of this sheet are enclosed.
  A check in the amount of \$\_\_\_\_ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted

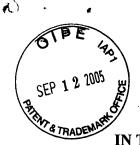
Joseph W. Schmidt Reg. No. 36,920 Attorney for Applicant(s)

### Carter, DeLuca, Farrell & Schmidt, LLP

445 Broad Hollow Road Suite 225 Melville, New York 11747

Tel.: (631) 501-5700 Fax: (631) 501-3526

JWS/td



Attorney Docket: 2852 (203-3408)

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**APPLICANT:** 

Scott Cunningham

**EXAMINER:** 

APPL. NO.:

10/621,759

**GROUP ART UNIT: 3763** 

FILED:

July 17, 2003

DATED: September 8, 2005

FOR:

**SURGICAL NEEDLE** 

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

#### **RESPONSE**

Sir:

In response to the Office Action mailed June 8, 2005, please consider the

following:

Remarks/Arguments begin on page 2 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a

I hereby certify that this correspondence is being deposited on date below with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 8, 2005

Joseph W. Schmidt